Feb 5, 2007

Sheriff Greg Szudera

I am formally filing a written complaint against Deputy Jamey Ross. I want the complaint in his personal file due to his unprofessional behavior that was directed toward me on Jan 23, 2007 at approx 630pm at the Hill County Detention Center. I was at the Center to report suspected child molestation. The case involves my sister Sharon Schmockel's male companion Joe Bell. My sister Sharon had followed me to the Center and talked to another officer and convinced him that I was a threat to myself or others. Sharon has 13 years as an alcohol counselor and is back into her own addictions.

The reason I turned this in is because my niece Stacey Azure came to my home crying about her children. The children are victims of previous sexual abuse. They are the grandchildren of Sharon Schmockel. The abuse has been documented by FBI agent Grace Her Many Horses.

As I was leaving the Detention Center, Deputy Jamey Ross started by saying "Don't come back here again because you know who you'll be dealing with." I turned around pointing my right index finger at him and said "You." He said "You got that right. I own this jail" and hitting his chest with his fingers and swaying left to right. Officers took me to the Emergency Room at NMH and I was admitted at 746pm Jan 23rd. Deputies told me at approx 815pm Jan 23 that I had two options: stay at NMH or go to jail. I asked why I would be going to jail. The officer in charge- after a phone conversation with Deputy Ross – responded pending charges. I said I would have to be charged first and then incarcerated. I did not go with the officers because I was afraid of Deputy Ross and his unprofessional behavior – I thought I was not safe at the Detention center.

I was released from NMH at approx 947am Jan 25. The bill for the stay at NMH is currently \$3,323.89--- and I feel Deputy Ross is responsible for this bill and not me and not the Indian Health Service (IHS) and not Hill Co. This is his bill because I was denied due process of law. I will be pursuing this in civil court if Deputy Ross does not take responsibility for his inappropriate actions.

Cynthia Schmockel

Slate

Subscribed on Feb 6,2007 Cynthia Schmockel Jana Brown

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NORTHERN MONTANA HOSPITAL EMERGENCY DEPARTMENT AFTERCARE INSTRUCTIONS

Date: 1 - 2 3 - 07

These general instructions are intended to answer several commonly asked questions and to give you brief notes to remind you of instructions. They are not all-inclusive and are not a substitute for good follow-up as recommended. It is sometimes not possible to recognize and treat all problems associated with an illness or injury in a single emergency room visit. Thus, follow-up care is important.

| GENERAL INSTRUCTIONS: Call 265-2211 or re | eturn to the Emergency Depa | rtment if questions arise. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------|
| For further evaluation, follow-up with yo | our personal physician or the | ne following type of physician: |
| Medications dispensed: | | |
| Prescriptions: | | |
| X Other instructions: | | |
| 1) Carry out your at a Brie | plan to a | pend the night |
| 2) If you are u | sorried abou | nt any chied |
| Micromedex Care Notes copied for patient: | | 3- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- |
| Follow-up is recommended for persistent disability TETANUS (LOCKJAW) PREVENTION: Tetanus a immunization or an inadequate immunization in the particular immunization of: Diphtheria tetanus Tetanus toxoid only | antitoxin (human) was given sir | ace there had been no previous |
| ☐ X-rays: The x-ray specialist will review these films. abnormalities may not show up for several days if so There will be an additional charge from Radiology for | ymptoms persist or worsen, mo | you will be notified. Sometimes ore x-rays may have to be taken. |
| I understand and agree to the recommended follo | ow-up care. | |
| Signature (patient/personal representative):(| yn their Del. | in a che |
| NMH 1703107 03/03 (sjn) | SCHMOCKEL, CYNTHIA MAY M109906 49 | 01/23/07 F RB V006320844 |
| | ER ER ADMIT: ATTEND: Parham MD,Cam | |